

## PROFESSIONAL BEHAVIOR COUNSELING RECORD

Student's

Name: \_\_\_\_\_

Date of

counseling: \_\_\_\_\_

Date of

incident: \_\_\_\_\_

✓	Reason for Counseling	Explanation (use back of form if more space is needed):
	Integrity	
	Empathy	
	Self - Motivation	
	Appearance/Personal Hygiene	
	Self - Confidence	
	Communications	
	Time Management	
	Teamwork and Diplomacy	
	Respect	
	Patient Advocacy	
	Careful delivery of service	

Follow-up (include specific expectations, clearly defined positive behavior, actions that will be taken if behavior continues, dates of future counseling sessions, etc.):

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\_\_\_\_\_-Faculty signature

I have read this notice and I understand it.

\_\_\_\_\_-Student signature

\_\_\_\_\_-Administrative or Medical Director Review